

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

FRED THOMPSON POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

10332 MAIN STREET

☐Check if different  
than previously  
reported. (ACC)

FAIRFAX

VA

22030

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00438507

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RICHARD ROBERTS

Signature of Treasurer

Electronically Filed by RICHARD ROBERTS

Date

04

02

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 20

Write or Type Committee Name

FRED THOMPSON POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>Y Y Y Y 2010</div>		55731.51
(b) Cash on Hand at Beginning of Reporting Period .....	55731.51	
(c) Total Receipts (from Line 19) .....	16939.40	16939.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	72670.91	72670.91
7. Total Disbursements (from Line 31) .....	33883.16	33883.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38787.75	38787.75
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 20

Write or Type Committee Name

FRED THOMPSON POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	3	0	3	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3000.00	3000.00
(ii) Unitemized .....	805.00	805.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3805.00	3805.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3805.00	3805.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	13134.40	13134.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16939.40	16939.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16939.40	16939.40

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	35383.16	35383.16	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	35383.16	35383.16	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	-1500.00	-1500.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	-1500.00	-1500.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33883.16	33883.16	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33883.16	33883.16	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 20

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	3805.00	3805.00
34. Total Contribution Refunds (from Line 28(d)) .....	-1500.00	-1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5305.00	5305.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35383.16	35383.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35383.16	35383.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BOB FETTIG

Mailing Address N2425 MAIN ROAD

City

LAKE GENEVA

State

WI

Zip Code

53147-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TANKCRAFT CORPORATION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: SA11.251578

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS R. JONES, JR.

Mailing Address 17950 S.W. 285 STREET

City

HOMESTEAD

State

FL

Zip Code

33030-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.R. JONES & COMPANY

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.251564

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD LIMATO

Mailing Address 8383 WILSHIRE BLVD.  
SUITE 500

City

BEVERLY HILLS

State

CA

Zip Code

90211-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W.M.E.

Occupation

AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: SA11.251579

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CALVIN KEITH STEWART

Mailing Address 340 W. 32ND STREET

City

YUMA

State

AZ

Zip Code

85364-8128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: SA11.251576

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HOWARD H. VOGEL

Mailing Address 6509 ORCHARD ROAD

City

KNOXVILLE

State

TN

Zip Code

37919-7463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
O'NEIL, PARKER & WILLIAMS-  
ON, PLLC

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: SA11.251577

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DIAMOND LIST MARKETING COMPANY

Mailing Address 6715 LITTLE RIVER TURNPIKE

City State Zip Code  
ANNANDALE VA 22003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 4 / 2 0 1 0

Transaction ID: SA.001

Amount of Each Receipt this Period

3939.74

LIST RENTAL INCOME

USUAL AND CUSTOMARY MARKET  
RATE

**B.**

Full Name (Last, First, Middle Initial)  
DIAMOND LIST MARKETING COMPANY

Mailing Address 6715 LITTLE RIVER TURNPIKE

City State Zip Code  
ANNANDALE VA 22003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 2 / 2 0 1 0

Transaction ID: SA.002

Amount of Each Receipt this Period

8085.05

LIST RENTAL INCOME

USUAL AND CUSTOMARY MARKET  
RATE

**C.**

Full Name (Last, First, Middle Initial)  
DIAMOND LIST MARKETING COMPANY

Mailing Address 6715 LITTLE RIVER TURNPIKE

City State Zip Code  
ANNANDALE VA 22003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: SA.003

Amount of Each Receipt this Period

1109.61

LIST RENTAL INCOME

USUAL AND CUSTOMARY MARKET  
RATE

**SUBTOTAL** of Receipts This Page (optional) .....

13134.40

**TOTAL** This Period (last page this line number only) .....

13134.40



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 53852</p> <p>City PHOENIX State AZ Zip Code 85072</p> <p>Purpose of Disbursement CREDIT CARD CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.001</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>1.77</div> </div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 53852</p> <p>City PHOENIX State AZ Zip Code 85072</p> <p>Purpose of Disbursement CREDIT CARD CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.002</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>1.77</div> </div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 53852</p> <p>City PHOENIX State AZ Zip Code 85072</p> <p>Purpose of Disbursement CREDIT CARD CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.003</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>1.77</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5.31**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BANK OF AMERICA

Mailing Address P.O. BOX 25118

City  
TAMPA

State  
FL

Zip Code  
33622

Purpose of Disbursement  
FEDERAL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.004

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

20063.75

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
FILE MAINTENANCE/COMPLIANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.005

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

2100.00

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
FILE MAINTENANCE/COMPLIANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.006

Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

2100.00

SUBTOTAL of Disbursements This Page (optional) .....

24263.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
FILE MAINTENANCE/COMPLIANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.007

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

2100.00

B.

Full Name (Last, First, Middle Initial)

CW ACCOUNTING SERVICES

Mailing Address 10424 WOODBURY WOODS COURT

City  
FAIRFAX

State  
VA

Zip Code  
22032

Purpose of Disbursement  
BOOKKEEPING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.008

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

626.00

SERVICES \$500/POST OFFICE  
BOX RENT \$126

C.

Full Name (Last, First, Middle Initial)

CW ACCOUNTING SERVICES

Mailing Address 10424 WOODBURY WOODS COURT

City  
FAIRFAX

State  
VA

Zip Code  
22032

Purpose of Disbursement  
BOOKKEEPING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.009

Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

3226.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
CW ACCOUNTING SERVICES

Mailing Address 10424 WOODBURY WOODS COURT

City State Zip Code  
FAIRFAX VA 22032

Purpose of Disbursement  
BOOKKEEPING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.010

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)  
ELAVON MERCHANT SERVICES

Mailing Address 7300 CHAMPION HIGHWAY

City State Zip Code  
KNOXVILLE TN 37920

Purpose of Disbursement  
CREDIT CARD CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.011

Date of Disbursement

/   /

Amount of Each Disbursement this Period

248.30

C.

Full Name (Last, First, Middle Initial)  
ELAVON MERCHANT SERVICES

Mailing Address 7300 CHAMPION HIGHWAY

City State Zip Code  
KNOXVILLE TN 37920

Purpose of Disbursement  
CREDIT CARD CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.012

Date of Disbursement

/   /

Amount of Each Disbursement this Period

73.30

SUBTOTAL of Disbursements This Page (optional) .....

821.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELAVON MERCHANT SERVICES

Mailing Address 7300 CHAMPION HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement  
CREDIT CARD CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.013

Date of Disbursement

/   /

Amount of Each Disbursement this Period

78.30

B.

Full Name (Last, First, Middle Initial)

FEDERAL EXPRESS

Mailing Address P.O. BOX 660481

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement  
DELIVERY CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.014

Date of Disbursement

/   /

Amount of Each Disbursement this Period

46.22

C.

Full Name (Last, First, Middle Initial)

FEDERAL EXPRESS

Mailing Address P.O. BOX 660481

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement  
DELIVERY CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.015

Date of Disbursement

/   /

Amount of Each Disbursement this Period

18.03

**SUBTOTAL** of Disbursements This Page (optional) .....

142.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FEDERAL EXPRESS

Mailing Address P.O. BOX 660481

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
DELIVERY CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.016

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17.95

B.

Full Name (Last, First, Middle Initial)

PAYCHEX

Mailing Address 22 CENTURY BLVD.  
SUITE 150

City  
NASHVILLE

State  
TN

Zip Code  
37229

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.017

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.00

C.

Full Name (Last, First, Middle Initial)

PAYCHEX

Mailing Address 22 CENTURY BLVD.  
SUITE 150

City  
NASHVILLE

State  
TN

Zip Code  
37229

Purpose of Disbursement  
PAYROLL PROCESSING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.018

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29.95

**SUBTOTAL** of Disbursements This Page (optional) .....

86.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SENDLABS

Mailing Address 121 RIVER FRONT DRIVE, # 2

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement  
WEB BASED DONOR CONTACT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.019

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)

SENDLABS

Mailing Address 121 RIVER FRONT DRIVE, # 2

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement  
WEB BASED DONOR CONTACT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.020

Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

750.00

C.

Full Name (Last, First, Middle Initial)

SENDLABS

Mailing Address 121 RIVER FRONT DRIVE, # 2

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement  
WEB BASED DONOR CONTACT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.021

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SPELNA, INC.

Mailing Address 225 INDUSTRIAL COURT

City  
FREDERICKSBURGState  
VAZip Code  
22408Purpose of Disbursement  
STORAGE CHARGES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.022

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

13.68

**B.**

Full Name (Last, First, Middle Initial)

SPELNA, INC.

Mailing Address 225 INDUSTRIAL COURT

City  
FREDERICKSBURGState  
VAZip Code  
22408Purpose of Disbursement  
STORAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.023

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	0

Amount of Each Disbursement this Period

13.68

**C.**

Full Name (Last, First, Middle Initial)

SPELNA, INC.

Mailing Address 225 INDUSTRIAL COURT

City  
FREDERICKSBURGState  
VAZip Code  
22408Purpose of Disbursement  
STORAGE CHARGES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.024

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	0

Amount of Each Disbursement this Period

877.94

SUBTOTAL of Disbursements This Page (optional) .....

905.30

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STRIVE COMMUNICATIONS

Mailing Address 2602 WINDWOOD DRIVE

City  
WINCHESTER

State  
VA

Zip Code  
22601

Purpose of Disbursement  
DIRECT MAIL COSTS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.025

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

3678.00

PRINTING/POSTAGE.MAIL SHOP

B.

Full Name (Last, First, Middle Initial)

UPS STORE

Mailing Address 10332 MAIN STREET

City  
FAIRFAX

State  
VA

Zip Code  
22030

Purpose of Disbursement  
POST OFFICE BOX RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.026

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

126.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US MONITOR

Mailing Address 86 MAPLE AVENUE

City  
NEW CITY

State  
NY

Zip Code  
10956

Purpose of Disbursement  
MAIL MONITORING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.027

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

2.00

SUBTOTAL of Disbursements This Page (optional) .....

3680.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US MONITOR

Mailing Address 86 MAPLE AVENUE

City  
NEW CITY

State  
NY

Zip Code  
10956

Purpose of Disbursement  
MAIL MONITORING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.028

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	0

Amount of Each Disbursement this Period

1.75

SUBTOTAL of Disbursements This Page (optional) .....

1.75

TOTAL This Period (last page this line number only) .....

35383.16

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES RICE

Mailing Address P.O. BOX 19019

City  
ATLANTA

State  
GA

Zip Code  
31126

Purpose of Disbursement  
VOID UNCASHED REFUND CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.029

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-2300.00

AMOUNT DISGORGED TO US TR-  
EASURY

**B.**

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF THE TREASURY

Mailing Address FINANCIAL MANAGEMENT SERVICES  
3700 EAST WEST HIGHWAY

City  
HYATTSVILLE

State  
MD

Zip Code  
20782

Purpose of Disbursement  
DISGORGEMENT OF UNCASHED REFUND CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.031

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

0.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FRED THOMPSON POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PUTNAM FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 2426

City  
BARTOW

State  
FL

Zip Code  
33831

Purpose of Disbursement  
VOID UNCASHED CONTRIBUTION CHECK

Candidate Name  
ADAM PUTNAM

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: SB.030

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Amount of Each Disbursement this Period

-1500.00

SUBTOTAL of Disbursements This Page (optional) .....

-1500.00

TOTAL This Period (last page this line number only) .....

-1500.00